

Entered - 2-10-99 - sb  
CL 99L0067- GWENDOLYN BURNS

CLAIM OF: WELLNESS WORKS  
480 Pharr Road  
P.O. 550404  
Atlanta, Georgia 30355

01-R -1551

For property damages alleged to have been sustained as a result of a  
sewer back up at 480 Pharr Road, NE on January 5, 1999.

THIS ADVERSED REPORT IS  
APPROVED

BY: Rosalind Rubens Newell  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY *Robert M. [Signature]* DCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0067

Date: September 12, 2001

Claimant /Victim WELLNESS WORKS
BY: (Atty) (Ins. Co.)
Address: P. O. Box 550404, Atlanta, Georgia 30355
Subrogation: Claim for Property damage \$ 21,288.00 Bodily Injury \$
Date of Notice: 2/4/99 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 1/5/99 Place: 480 Pharr Road, NE
Department PUBLIC WORKS Division Sewer Operations
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that it sustained property damages from a sewer back up. However, an investigation determined that the City did not have notice of any problems at this location prior to the January 5, 1999 occurrence. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police Dept Report X Other X
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other X Damages reasonable
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,

[Signature]
INVESTIGATOR GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager: [Signature] Concur/date 09-14-01
Committee Action: Council Action

BURNS

02/04/99

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 2/3/1999

ENTERED - 2-10-99 - SB  
99L0067 - GWEN BURNS

\*\* Note: Below are the damages to date. Additional expenses will be based on air quality report.

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 21,288.00 \*\* property and/or N/A bodily injury for which I contend the City is liable.

1. Date of incident: 1/5/99 2. Time of Incident: 6:00 p.m. 3. Police called: discovered Already on scene  
(month/day/year) Yes No

4. Location of incident (including street address): Wellness Works, 480 Pharr Rd., Atlanta GA 30305

5. Name of your insurance company: State Farm Policy No.                      Type of loss not covered                     

6. State what and how incident occurred: Several hundred gallons of raw untreated sewage came up through toilets and flooded 90% of the building.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: \_\_\_\_\_ (Make) \_\_\_\_\_ (Year) \_\_\_\_\_ (Tag Number) \_\_\_\_\_ (Driver's Name)

City vehicle: \_\_\_\_\_ (Make) \_\_\_\_\_ (City Driver's Name) \_\_\_\_\_ (Department/Bureau)

9. Witness: Henry Jacobs, 650 Greenview Ave, Atl. GA 30305 (404) 233-0208  
(Name) (Address) (Telephone Number)  
There were many additional witnesses - was captured on television also.

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Henry Jacobs / M. Merlin  
Signature of Claimant

Henry Jacobs & Mark Merlin  
Wellness Works  
(Print Claimant's Name)

480 Pharr Road  
(Address)

Atlanta, Georgia 30305  
(City, State and Zip Code)

(404) 233-0208 Henry Jacobs  
(Work Number) (404) 841-1074 (Home Number)

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